U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Dee Only  REC'D  AUG-82005
E	Per none

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/9/	2. Fiscal Year Covered From:				
The Namber 6- J/ //	2. Piscal Fear Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Joseph M Erdey	Name Actors' Equity Association				
	Labor Organization File Number 006-029				
P.O. Box, Bldg., Room No., if any Actors! Equity Association	P.O. Box, Building and Room Number, if any				
Street 165 W. 46th St.	Street 165 W. 46th St.				
City New York	City New York				
State New York ZIP Code + 4 10036-2598	State New York ZIP Code + 4 10036-2598				
5. Position in labor organization.  Traveling Business Representative					

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name Surflight Theatre	5/13/04- ticket: SINGIN' IN THE RAIN Trump Plaza (Atlantic City, NJ)					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any P.O. Box 1144						
Out of	7.b. Armount.					
Street						
City Beach Haven	\$25					
State New Jersey ZIP Code + 4 08008-0026						

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Joseph M. Erdey	On	8/2/2005 Date	212-869-8530 Telephone Number				